

DIVISION OF WORKERS COMPENSATION
KS DEPARTMENT OF HUMAN RESOURCES
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

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Web Site: <http://www.hr.state.ks.us/wc/html/wc.htm>
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ELECTION OF EMPLOYER TO PROVIDE WORKERS COMPENSATION COVERAGE FOR PERSONS PERFORMING PUBLIC OR COMMUNITY SERVICE AS A RESULT OF A CONTRACT OF DIVERSION, ASSIGNMENT TO A COMMUNITY CORRECTIONS PROGRAM OR SUSPENSION OF SENTENCE OR AS A CONDITION OF PROBATION OR IN LIEU OF A FINE.

NOTICE: To be processed **all** entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

hereby elects to cover persons performing the following public or community service as a result of a contract of diversion, assignment to a community corrections program or suspension of sentence or as a condition of probation or in lieu of a fine.

Classes of persons to be covered: _____

Classes of persons NOT to be covered (if any): _____

The employer agrees to cover such workers during such period of time they are performing the service under such conditions until such election shall be cancelled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

Signature of Authorized Representative

Title of Signing Individual